

--- ANATOMIC PATHOLOGY SEMINAR ---
TUMORS OF THE GUT, WITH EMPHASIS ON LYMPHOMAS

Guest Consultant and Moderator

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Auditorium - Medical Education Building -
St. Paul-Ramsey Hospital & Medical Center

CASE HISTORIES

- Case #1 A 60 year old woman presented with a two week history of central abdominal pain. Past history included rheumatic fever at age 7, dermatitis herpetiformis diagnosed at age 14, a cholecystectomy at age 50, hysterectomy and thyroidectomy at age 52. She then developed diarrhea and was found to have a low red cell folate, a positive xylose excretion test and a high fecal fat. Jejunal biopsy showed subtotal villous atrophy with crypt hyperplasia and she responded to gluten withdrawal. At laparotomy a band-like constriction of the proximal jejunum was resected.
- Case #2 A 29 year old woman had complained of ulcer-type dyspepsia for two years. Barium meal was negative but gastroscopy showed a benign-appearing ulcer on the lesser curve in the antrum. Cimetidine therapy caused relief of symptoms and repeat gastroscopy showed complete healing of the ulcer. Biopsies were taken at both endoscopies and gastrectomy advised. All laboratory investigations were negative.
- Case #3 A 57 year old hotel porter with mild mental retardation complained of passing fresh blood per rectum for six months. Examination revealed an anemic man with a fleshy "hemorrhoid" prolapsing at the anus.
- Case #4 This 25 year old was seen as a surgical emergency with acute abdominal pain. On the evening of admission he had drunk 3 liters of beer and then injected himself with 3 tablets mixed in tap water, each consisting of 10 mg. dipipanone hydrochloride and 30 mg. of cyclizine hydrochloride. He fell asleep and became ashen-gray according to an observer. When he was admitted ten hours after the injection, his blood pressure was 100/60. At laparotomy a right hemicolectomy was performed.
- Case #5 This 75 year old man complained of ulcer-type dyspepsia for two years. Gastroscopy showed a small healed ulcer high on the lesser curve and routine biopsies were taken. Elective gastrectomy.
- Case #6 This 12 year old boy presented with a year's history of diarrhea with epigastric pain and vomiting for four months. He was anemic (H.S. 10.4 mg%) but other routine laboratory tests were within normal limits. Fecal fat was 86 mmol fat/24 hours (normal <18). Endoscopy showed diffuse hemorrhagic duodenal ulceration. Laparotomy revealed a 4 cm. in diameter mass in the right lobe of the liver (biopsied) and a mass in the head of the pancreas.
- Case #7 A 7 year old boy presented with 14 pounds weight loss over nine months. Examination revealed a large epigastric mass. Whipple's procedure was performed.

Case #8

A 47 year man had a long history of pernicious anemia, psoriasis, and rheumatoid arthritis. He had unexplained hepatosplenomegaly with a normal liver biopsy. Gastroscopy performed to exclude an occult gastric carcinoma showed atrophic gastritis and a small yellow "pimple" was biopsied and diagnosed as a carcinoid tumor. Repeat gastroscopy showed no lesion and fourteen random biopsies were negative. Six weeks later gastroscopy was again negative but random biopsy showed a second carcinoid tumor. Total gastrectomy.

Case #9

A 56 year old male had a three month history of a left groin lump. All laboratory tests were within normal limits. An enlarged lymph node was excised and subsequent bone marrow and lymphangiogram were normal, as was the liver and spleen scan. After local radiotherapy the patient remains entirely well one and one-half years after the diagnosis. His wife has a malignant lymphoma.

Case #10

This 43 year old woman developed "sciatica" in her left leg in May of 1975. Inguinal lymph nodes were enlarged and x-ray showed erosion of the upper end of the left femur. Following lymph node biopsy she received radiotherapy and chemotherapy with good results. Disease then recurred in multiple bones and finally in the meninges. The patient died nine months after the lymph node biopsy.

SEM. 324 - DR. ISAACSON'S DIAGNOSES

1. Malignant histiocytosis of small bowel developing in a patient with adult celiac sprue (polyclonal immunoglobulin and lysozyme by immunoperoxidase).
2. Malignant lymphoma of stomach, nodular, poorly differentiated lymphocytic.
3. Malignant melanoma of anal canal.
4. Ischemic colitis, non-occlusive (following an episode of hypotension).
5. Early gastric adenocarcinoma.
6. Islet cell carcinoma, gastrin - producing (Actually, the Seminar slide carrying this number is from a case of bronchial carcinoid metastatic to lymph node!).
7. Dufantile pancreatic carcinoma (pancreatoblastoma).
8. Multiple carcinoid tumors of stomach (argyrophilic, associated with argyrophilic cell hyperplasia, probably arising from ECL-cells).
9. Malignant lymphoma, nodular, histiocytic (monoclonal Ig-lambda by immunoperoxidase).
10. Malignant lymphoma, histiocytic (polyclonal immunoglobulins and lysozyme by immunoperoxidase).

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DIAGNOSES AND REFERENCES

- Case 1 Malignant histiocytosis of the intestine
- References: Isaacson, P., & Wright, D.H.: "Intestinal Lymphoma Associated With Malabsorption." Lancet, 1, 67-70, 1978.
- Isaacson, P., & Wright, D.H.: "Malignant Histiocytosis of the Intestine: Its Relationship to Malabsorption and Ulcerative Jejunitis." Human Pathology, (in press).
- Case 2 Malignant lymphoma: poorly differentiated lymphocytic type (small cleaved follicular centre cell), nodular
- Reference: Isaacson, P., Wright, D.H., Judd, M.A., Mepham, B.L.: "Primary Gastrointestinal Lymphomas: A Classification of 66 Cases." Cancer (in press).
- Case 3 Malignant melanoma of anus involving rectum
- Reference: Mason, J.K., & Helwig, E.B.: "Anorectal Melanoma." Cancer 19, 39-50, 1966.
- Case 4 Ischaemic colitis
- References: Renton, C.J.C.: "Non-occlusive Intestinal Infarction." Clinics in Gastroenterology, 1, 655-673, 1972.
- Turnbull, A., & Isaacson, P.: "Ischaemic Colitis and Drug Abuse." British Medical Journal ii, 1000, 1977.
- Case 5 Early gastric cancer (intramucosal)
- References: Evans, D.M.D., Craven, J.L., Murphy, F., & Cleary, B.K.: "Comparison of 'Early Gastric Cancer' in Britain and Japan." GUT, 19, 1-9, 1978.
- Quizilbash, A., Harnarne, L., & Castelli, M.: "Early Gastric Carcinoma." Arch.Pathol.Lab.Med., 101, 610-614, 1977.
- Case 6 Pancreatic islet cell tumour (gastrinoma) (wrong slide distributed)
- Reference: Creutzfeldt, W., Arnold, R., Creutzfeldt, C., & Track, N.S.: "Pathomorphologic Biochemical and Diagnostic Aspects of Gastrinomas (Zollinger Ellison Syndrome)." Human Path., 6, 47-76, 1975.
- Case 7 Adenocarcinoma of pancreas
- Reference: Taxy, J.B.: "Adenocarcinoma of the Pancreas in Childhood." Cancer, 37, 1508-1518, 1976.

Case 8

Multiple carcinoid tumours of stomach with argyrophil cell hyperplasia and gastric atrophy

References: Black, W.C., & Haffner, H.E.: "Diffuse Hyperplasia of Gastric Argyrophil Cells and Multiple Carcinoid Tumours." Cancer, 21, 1080-1099, 1968.

Bordi, C., Senatore, S., & Missale, G.: "Gastric Carcinoid Following Gastrojejunostomy." Arm.J.Digest. 21, 667-671, 1976.

Case 9

Malignant lymphomas, mixed lymphocytic and histiocytic nodular and diffuse (large cleaved follicular centre cell).

Case 10

Malignant lymphoma, histiocytic type

The resin embedded sections and immunoperoxidase techniques used in classifying cases 9 and 10 are described in the reference given for case 2.